BINDIN

RESERVED

MARGIN

should be carefully supplied. ACE should be stated EXACTLY, P. E. OF DEATH in plain terms so that it may be properly classified. Is very important. See instructions on back of certificate. RECORD Every Item of Information should be carefully CIANS should state CAUSE OF DEATH in pla statement of OCCUPATION is very important. WRITE

act.	1 <sub>PLA</sub>
MC全首	County

CE OF DEATH

(8)

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 101

Village or City Pasy 1 (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Avot  Avot  Known  Colored  (Write the word)  (Month)  (Day)  (Year)	(Month) (Day) (Year)
7 AGE Still birth   If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER LYSSES BOUMAN  11 BIRTHPLACE OF FATHER (State or country) Charles Co. Just  12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Charles Co. Just  15 BIRTHPLACE OF MOTHER (State or Country) Charles Co. Just.	Contributory Secondary  (Duration)  (Signed)  (Signed)
(Informant) Delcerce Junelow (Address) Marloway And a Registra)	Where was disease contracted, if not at place of deah?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Program, M.d. Michell, 1932 20 UNDERTAKER  ADDRESS  THER SESTBOYMAN PLOGUE MICHELL

if more blanks are needed, addre. s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. V.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (re Spinner, (b) Cotton mill; (a) Solesman. nature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housenuid, etc. If the occupation has been changed guged in domestic service for wages, as Screant, Cook ployed. as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the loborer. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of etc., Foreman, (b) Automobile foctory. The material especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, W.8). Farm laborer. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-Locomotive engineer, not gainfully em-(6) persons en-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicidc. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., o: (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERFERAL perilonitis, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train American Medical Association. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease etc. The contributory Always qualify all Measles ; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

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Exact statement

## STATE OF MARYLAND—CERTIFICATE OF DEATH

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100	3	3	1	P
U	63	U	-	6

1. PLACE OF DEATH	-		8)	3.04
County Charles			Registration Dist.	104 No
Village or CityTompkins vil	eeth occurred	(lf	No.  death occurred in a hospital or institution, give its NAME instea  ds. How long In U.S. If of foreign birth?	St., Ward dof street and number)
2. FULL NAME Stillborn				
(a) Residence: No.			St. Ward.	ty or town and State
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF	
3. SEX 4. COLOR OR RACE Female Black	Female Black OR DIVORCED (write the word)		21. DATE OF DEATH  March 26, (Month) (	, 193.2 Day) (Year)
			22. I HEREBY CERTIFY, Th	nat I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) Manager 1. AGE Years Months	ch 26, 19	32 If LESS than 1 dey,hrs. ormin.	I last saw h alive on to hava occurred on the data stated abova, atn Tha PRINCIPAL CAUSE OF DEATH end related causes of In were as follows:	n.
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			1 Stillmrn	***********
work was dona, as SILK MILL, SAW MILL, BANK, atc	work was dona, as SILK MILL, SAW MILL, BANK, atc			***********
12. BIRTHPLACE (city or town)			Other Contributory Causes of importance:	
13. NAME UNKNOWN  14. BIRTHPLACE (city or town) 11.			Neme of operation	
(State of country)	TOPOTTOUS		What test confirmed diagnosis?	Was there en autopsy?
15. MAIDEN NAME MARY BURROUGHS  16. BIRTHPLACE (city or town) (State or country) MARY LAND  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Placa			23. If death was due to external causes (VIOLENCE) fill in els  Accident, suicide, or homicide?	injury, 19
			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
			Mannar of injury	
19. UNDERTAKER			24. Was disease or injury in any way related to occupation of	f daceased?
20. FILEO, 19	Him	Registrar.	(Signed) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	yard.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Mark ma	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Village or City	LL NAME	Sar	ah (	rai	7
PERSOI			L PARTICU	LARS	MEI
Fanale	13 COLOR	R	MARRIED. WIDOWED. Write the word)	resid	16 DATE OF DEA
6 DATE OF BIR		1			17 I HER
	an	Irm	me	, 1/437	
		(Month)	(Day)	(Year)	that I last saw h
7 AGE				If LESS tha	
	75 yrs	mo	sds.	or min.	
8 OCCUPATION (a) Trade, pr	ofession or	<i></i>	Louses	ife	Chron
(a) Trade, pr particular kin (b) General n business, or e which employ 9 BIRTHPLACE (State or co	ofession or d of work, ature of inc stablishmen ed or (empl-	dustry t in oyer)	tonsen	ife -	Chron
(a) Trade, pr particular kin (b) General n business, or e which employ 9 BIRTHPLACE (State or co	ofession or d of work ature of incestablishmen ed or (emplorment)	dustry t in oyer)	land	if _	Secondary (Signed)
(a) Trade, pr particular kin (b) General n business, or e which employ 9 BIRTHPLACE (State or co  10 NAME C FATHER  01 BIRTHPL OF FATH Z (State o	ofession or d of work ature of inc stablishmen ed or (employmenty)	dustry t in oyer)	land	if -	(Signed)
(a) Trade, pr particular kin (b) General n business, or e which employ  9 BIRTHPLACE (State or co  10 NAME C FATHER  11 BIRTHPL OF FATH C(State o 12 MAIDEN OF MOTI	ofession or d of work at the country)  ACE  IER  TO COUNTRY  TO CO	dustry t in oyer)	land	ife-	(Signed)
(a) Trade, pr particular kin (b) General n business, or e which employ 9 BIRTHPLACE (State or co FATHER 11 BIRTHPL OF FATHER (State of CO 12 MAIDEN OF MOTION 13 BIRTHPL OF MOTION 13 BIRTHPL OF MOTION 14 BIRTHPL OF MOTION 15 BIRTHPL DE BIRTHPL BIRTH	ofession or d of work at the of work at the of index stablishmen and or (employers)  ACE  IER  I COUNTRY)  I NAME  HER  LACE	dustry t in oyer)	nown	if -	(Signed)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and St.: Ward) number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Such, 21 19:32
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
192, to
that I last saw halive on, 192
and that death occurred on the date stated above, at
Chronic Cardine Disease
Contributory here was to Physician Secondary attendant
(Signed). John Maddorf Tituly (Cult
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
At place In the of deathyrsmosds. Stateyrsmosd
Where was disease contracted, if not at place of dea.h?
Former or usual residence
Vanfemoy Wed meh 2,3,193
Lames Penny Mason Derry
, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

8. No. 1

(Approved by U. S. Census and American Public Health Association.)

laborer, whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coul minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The Locomotive engineer, But in many 6 materia. Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart f atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) affection need not be Chronic interstitual nephritis, Whooping cough; Never report more symptoms or terminal condi-Committee on Chronic " "Old Age, " "Shock," etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Registra

If more blanks are needed, addre & Ltate Kegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME ir-stead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH & - 2	3 -, 1982
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I at	
3 1 18 - 1927 1. to 8	7 - 23 >, 1923 4
that I last saw hahve on	
and that death occurred on the date state	d above, at 10 a, m
The CAUSE OF DEATH * was as follows:	
2 0	
artinoso	1 _
2 9 71	
Thanks	
	45
(Duration)	Tre. mos. of de.
Contributory Secondary	y ohr
	ille i de la companya
(Duration)	yrs mos ds
3 2 (Address)	
*State the lisease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	n, or, in deaths from injury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	oitals, Institutions, Trans-
At place of deathyrsmos,ds. In the	te ateds
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	gamuqq+u+qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Shilph Cimbin	3-251-1932
20 UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lug laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Groeery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Housenature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But iu many

Statement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronehopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaconia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Inamorrhage," "Shock," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) ·Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart Nomenclature Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

02696

1. PLACE OF D	EATH			(159-d)	
County	harlis	Q		Registration Dist. No.	40
Village or City_	near 5	taulk	ner	No. St., death occurred in a hospital or institution, give its NAME instead of street and r	Ward
Length of resideoce	In city or town where	leath occurred		ds. Hew long in U.S. if ot foreign birth?yrs,m	
2. FULL NAME	Jose	Joh Ed	lelen		
(a) Residence: t	ND	(Usual place	of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL	AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
male 4.	COLOR OR RACE	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH man 15" (Month) (Day)	, 193(Year)
5a. If married, widowed, o HU3BAND ot (or) WIFE ot	r divorced	0		22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (mont	th, day, and year)	ranch 14	14 1932		
7. AGE Years	Months	Days	It LESS than I day,hrs. ormin.	to have occurred on the date stated abova, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:	1
8. Trade, protession, kind of work	or particular done, as SPINNER, — OKKEEPER, etc.	)		no Physician	Date of onset
9. Industry or busin	· ·	none	,		
10. Date deceased last this occupation year)	st worked at	sper	ime (years) nt in this upation		
I2. BIRTHPLACE (city or (Stata or country)	town) Cha	s la	ma-	Other Contributory Causes of Importance:	
≝ 13. NAME	a Edele				
13. NAME  14. BIRTHPLACE (city (State or coun		o. la m	1	Nama ot operation	
15. MAIDEN NAME	11 000 000	in Fred	louick	What test confirmed diagnosis? Was thara an a	
16. BIRTHPLACE (city		s. eo 7	nd-	23. It death was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicide?	, 19
17. INFORMANT	Jany Pr	octo		(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place of homas Date March 16, 1932			ch 16, 1932	Manner of Injury	
19. UNDERTAKER (Address)	faul	lelen !	(father	24. Was disease or Injury In any way related to occupation ot deceased?	
20. FILED Man 15	u, 19 3 2 mg	illian	V. Posen	(Signed) MM. Lillian Mosey (Address) La Plato md	Reg M.D.

B.—WRI

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

should be carefully supplied.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis *	3 days ogo
Other contributory causes of importance:  Gollstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 yeor

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired: 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House laborer, Farm laborer, Luborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation -- Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, g gcd in domestic service for wages, as Screent, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations, a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery;
 man, (b) Automobile factory. The material that fact For persons who have no occupation may be indicated thus; Farmer (re-

Statement of Cause of Death—Name, first, the DISEAR WING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Corebrospinal fever: (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway trainas fracture of skull, and consequences (e.g., sepsis, approved by Committee on Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJU.: Y diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid or intercurrent) Chronic affection etc. The contributory valvular heart disease; Nomenclature need not be

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

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Country	10	6 1	11.
County	400000000000	and the	No brita

## STATE OF MARYLAND

PLACE OF DEATH  County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 103
Village or City Faul Barn 18	St.: Ward)  (If death occurred in a hospital or institution, give its NAME it stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Max 15 14 , 192 - (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE   If LESS than   day hrs.   mos.   ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Still Born (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Charles	Contributory Secondary  (Durstion) yrs mos ds
10 NAME OF FATHER Min a. Proctor	(Signed) Chas H. Boby A-R M. D. March 19 1932 (Address) Bil alter md.
OF FATHER (State or country) Principaral Co	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Nova Holly  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Chas. C.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) Am a Proctor	Former or usual residence
(Address) Faulkner	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Anas 19: 19?2-
Filed mas 19 1923 2 Chas M. Roby Registrar	20 UNDERTAKER Precloyact Fauthner

S. No. 1

WRITE

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WITH UNFADING INK--THIS IS A

MARGIN RESERVED FOR

If more banks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Les lette form "Mary Bond midwife 5/3 0 si

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. (b) Grocery;

Statement of Cause of Death—Name, first, the Distance CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) approved by carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic etc. The contributory valvular Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	age or City	ntv			
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p (H	a) Trade, production of the control	ature of in stablishme	ndustry nt in	r	2
9 E	IRTHPLACE (State or cot	intry)	De	e.	
. S	10 NAME O FATHER 11 BIRTHPL OF FATH	ace	dis		
ARENT	(State of	NAME	Kin		ct.

OF DEA	IH	
Mars	us-	
		Charles



## STATE OF MARYLAND CERTIFICATE OF DEATH

Keg	istration Di	st. No.	- J
c.	387 1	118 2 + 1	

David H. Rude

a hospital or institu-tion, give its NAME in-stend of street and number.)

PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Yesr)
6 DATE OF BIRTH		17 1 HEREBY CERTIFY, That I attended the deceased from
m	0.0 0 4 7 15.4	1892. to 3 17 1981
(Month		that I last saw h Laslive on 3 - 14 - 1963
7 AGE	If LESS than	and that death occured on the date stated above, at 2 G
b== 1)	I day hra.	
78 yrs. 10	mos. 8 ds. or min.?	Caneral/ Stomach
a) Trade, profession or		***************************************
particular kind of work	rnu	1100011001110110011011111010011011110101
(b) General nature of industry business, or establishment in		(Duration) / yre 2) mos d
which employed or (employer)	***************************************	Contributory
9 SIRTHPLACE (State or country)	20	Secondary
de	K.	(Duration) yrs mosd
TATHER OF	Q	(Signed) M. I
11 BIRTHPLACE	on ruair	3-17-1932 (Address) Man side
OF FATHER	0-6	*State the Disease Causing Death, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
(State or country)	mercy	Accidental, Suicidal or Homicidal.
of Mother am	inda tomeon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER		At place In the of death yrs mos ds. State yrs do.
(State or country)	a, v	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BES	ST OF MY KNOWLEDGE	if not at place of death?
(Informant) Forther	y. Rudy	usual residence
7-4-11	1 4-1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) M U	centra	William thrung Corneling 3-19-103
15 m . 1 . 14 100 2	pp eligo.	20 UNDERTAKER ADDRESS
Filed 3 17 198 2	Registra	Hunt thyon Waldor
16 mass b sake ass	needed address that Registre	. 16 W. Saratova St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At hame. Care should be taken en at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Spinner, (b) Collon mill; (a) Salesman, (b) Grosery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. empition is very important, so that the relative health Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on tetapus) may be stated under the head of "contributory" (Recommendations on statement of cause of American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably smedde. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PJERPERAL scplicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite dicease can be ascertained as the cause. stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, .. (name origir; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY or intercurrent) Chronic Carcinoma, etc. valvular heart disease; affection need not be Nomenclature of the The Always qualify all Sarcoma,, etc., of contributory

If this certificate is I oked over thoroughly and a.I questions answered in detail, it will prevent further correspondence, the data is essential and must be obtained before the certificate is permanently filed.

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III	- to	PLACE OF DEATH	STATE OF MARYLAND
m	Exact	Coleciales.	CERTIFICATE OF DEATH
	ā [.	County County	(23) CERTIFICATE OF DEATH
	,≺ 1ec	0 01	Registration Dist. No. 1000
RECORD	EXACTLY, classified oate.	Village or City 1000 A Code No.	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
·	5	<sup>2</sup> FULL NAME A CONTROL OF CONTROL	
- H	ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A SEN	ould be st may be pr n back of	Hale Thile Single, Married on Divorces OR Divorces (Write the word)	16 DATE OF DEATH Mcle 10, 1982  (Month) (Day) (Year)
2 X	ould may n ba	6 DATE OF BIRTH	17 A HEREBY CERTIFY, That I attended the deceased from
BIL	S = S	C/W. 13 1887	Dec 1930. to There, 19232
2 4	hat	(Month) (Day) (Year)	that I last saw he alive on Such 9, 1932
S	A THE	7 AGE 'If LESS than	and that death occurred on the date stated above, at
S	s so truc	115 9 6 I day hrs.	The CAUSE OF DEATH * was as follows
KTH Suppli In term	yrsmoada. ormin.?	Relmonary & of arifuglal	
	(a) Trade, profession or	Julipulous.	
	particular kind of work		
ES	325	(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
R S		which employed or (employer)	
Y O oF a	Са	9 BIRTHPLACE (State or country)	Contributory Secondary
FA FA	EA	Charle, Co. Tha	(Derajon)de,
MAR H UNF nould I OF DE s very	10 NAME OF FATHER	(Signed) Ser. C. Deckulle, M. D.	
	No ora o coro	male 101932 (Address Marlung and	
Ē	SEN	of FATHER Charles Cv. md,	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
_ ≥	O Po	(State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
<b>O</b> :	AT	of Mother Mances I, Jorrell	18 LENGTH OF RESIDENCE (For Hospitale, Institutions, Trans-
* .Z	forn	13 BIRTHPLACE	ients ar Recent Residents)
AI	Strate	OF MOTHER (State or country)	At place of death
1	- BO	14 THE ABOVE IS/TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?
73	Loca to to	DIT South	Former or
12	sh	(Informant) Carry	usual residence
₹	N S L	(Address) Crose Macle Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF STATE OF BURIAL
-	Every it		20 UNDERTAKER O MODRESS
	1	Filmon 0 1920 Madagestrar	D. a. Penn. Sa Plata Me
:	z	If more blanks are needed, address State Registrar.	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Statement of Occupation-Precise statement of oc-"," etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The materia Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discuse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important use of "Tumor" for malignant neoplasms); American Medical Association.) Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; L. (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic Example: Measles (disease chopneumonia (secondary), The n .ture of the injury, etc. affection need not be valvular heart disease; Nomenclature The contributory Measles; of the

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AGE should be stated EXACTLY. PHYSICIANS should state item of infor-Exact statement of OCCUPA-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. EVER CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-6
County halls	Registration Dist. No.
Village or City Nelec Welcone	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. Hew long in U.S. If of toreign birth?yrsmosds.
2. FULL NAME alice Smith	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May The 193 2 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HU3BAND ot (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased trom
6. DATE OF BIRTH (month, day, and year)	19
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, atm.
about 80   I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade protession or particular	a Physician last Daw Oats of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	her Ion Jan 12 4 1932
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	She was their suffering from
10. Oate deceased last worked at 11. Total time (years)	a Chronic arters closer Alla
this occupation (month and spant in this year) occupation	Chrome myo cardulis
12. BIRTHPLACE (city or town) Chas Comd	Other Contributory Causes of importance:  Gredenth died from
(State or country)	ld for and the in-
13. NAME Sout Know	
14. BIRTHPLACE (city or town) Chas. Co Md	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME DENT ROSA	23. It death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Character Co Modification (State or country)	Accident, suicide, or homicide?, Date of injury, 19
(*a)	Where did injury occur? (Specify city or town, county and State)
(Address)	Specity whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place My Rest Octo Moy 1 Pro 32	Manner of injury
Place 0ate 7/101/0 1932	Nature of Injury
19. UNDERTAKER Sclose Flore Flores	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO Mar 8th, 1932 Lillian Posey Registrar.	(Signed) Mis Lellan Mosey Reg. M.D. (Address) La Plate md -
If more blanks are needed, address State Registrar, 2	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	113/155		Example II	
The principal cause of death and relation of importance were as follows:	ted causes Date of c	onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	191	15	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	192	21	Run over by street car	1 week ago
Cerebral hemorrhage	July5,	,1927	Peritonitis	3 days ago
Other contributory causes of importa	nce:		Other contributory causes of importance:	
		1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	MARGIN RESERVED FOR BINDING	RESER	VED	FOR	BINDING	()
AINL! WITH UNFADING INKTHIS IS A PERM, ENT REC	UNFADII	NG INK-	THIS	IS A	PERM	ENT REC
nformation should be carefully supplied. ACE should be stated Estate CAUSE OF DEATH in plain terms so that it may be properly	ould be ca	refuily s	uppiled	. ACE	should b	e stated E

	11	04100
rsi-	PLACE OF DEATH	STATE OF MARYLAND
四五	County Weller	CERTIFICATE OF DEATH
,	0'1	Registration Dist. No. / / /
ORD classifi ate.	Village or City Welast (No.	St: Ward) (If death occurred in a hospital or institu-
RECORD ated EXACT operly class certificate.		And the street and
d EC	2FULL NAME SCIENCING	number.)
and the	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED WIDOWED Windows	16 DATE OF DEATH Muels 7 1982
FADING INKTHIS IS A PERM. be carefully supplied. ACE should EATH in plain terms so that it may important. See instructions on back.	Jewell Black OR DIVORCED (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Ovy 15, 1830	192, 192,
	(Month) (Day) (Year)	that I last aw halive on, 192,
	7 AGE III LESS than I day	and that death occurred on the date stated above, at
	yrs	no physician in attendance
	8 OCCUPATION (a) Trade, profession or 1/	beeth bully due
	particular kind of work  (b) General nature of industry	to asteriolismi
	business, or establishment in which employed or (employer)	(Duration)yrs,mos,ds,
	9 BIRTHPLACE	Contributory
	(State or country) Church Co. S Mid.	(Duration) ytsmosds.
UNI	10 NAME OF ATHER	(Signed)
E EO	II BIRTHDIACE	John 8. 192 2 (Address Marty Ind
WIT On SI	OF FATHER  (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME	State the Disease Causing Death, or, in teaths from Violent Causes, stato (1) Means of Injury and (2) Whether
atlon	T 12 MAIDEN NAME OF MOTHER WAS A POLACITY	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
NL orm	of MOTHER Hamack Clayell	ients or Recent Residents)
All	OF MOTHER Charles Co. Md.	of deathyrsmosds. Stateyrsmosds.
of one	(State or Country) (14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
[1]	Description of	Former or usual residence
KRI S s	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
WRITI	(Address) Spadion Plead 149	13 mmng & poly 9. 1932
TI O	15 Filed Fet 8 1932 mary Southerland	D UNDERTAKER ADDRESS
m.	Torrest Registras	yas fing outs and seed the
2	If more blanks are needed, addre.s tate Registre	16 W. Saratoga St., Ballo., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-Forenum, (b) Automobile factory. The material For many occupations a 318). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation Sulesman. single word or term on Locomotive engineer, As examples: (a) (b) Grocery,

Strtement of Cause of Death—Name, first, the DIS-EASE ("NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal forcer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid forcer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on detanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid resulting from ehildbirth or miscarriage as "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature not be disease;

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Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BIND

V. S. No. 1

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
Mean	Registration Dist. No. 103
Village or City Rel Office (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
(Month) (Day) (Year)	Many J. 192 to May 1.3 , 193 2 that I last saw h alive on May 1.7 , 183 2
7 AGE   If LESS than   I day hrs.   yrs.   G mos.   4 ds.   or min.	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre mos Q de
10 NAME OF FATHER CLOSE C	(Signed) M. D.  Address) Death, or, in deaths from the control of
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  B LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant)	Former or usual residence
(Address) Del Oltan	Is place of Burial OR REMOVAL DATE OF BURIAL May 14, 1932
Filed han 13 19232 leha! Ot. Rolly Rogistrar	Lahn Smoot (act Bullion
If more bianks are nasdad, address Stata Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scream, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pucumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) "('Inanition,') "(Marasmus,') "Old Age,') "(Shock,') "('Uraennia,') "(Weakness,') etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthonia," "Anaemia" (merely symptom-Whooping cough; (Recommendations on statement of cause of Chronic valvular heart disease; etc. The contributory Always qualify all

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PLACE OF DEATH

EXACTLY, F PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED may be OR DIVORCED (Write the word) (Month) 17 6 DATE OF BIRTH nstruction (Day) (Year) If LESS than 7 AGE THE MAUSE OF DEATH # was as follo supplied. I day hrs. min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in importa which employed or (employer) be car Contributory 9 BIRTHPLACE Secondary (State or country) 0 10 NAME OF 0 FATHER 0 11 BIRTHPLACE lal OF FATHER ARENT OZ TIOIT (State or country) AU 18 LENGTH OF RESIDENCE (For OF MOTHER inform state CCU2/ ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death. (State or Country) O Where was disease contracted, of should if not at place of death? of Every item CIANS sho statement Former or usual residence. OF BURIAL OR REMOVAL (Address) 20 UNDERTAKER Registrar, 16 W. Saratoga St., Balto. Requesting V. S. No. 1. If more banks are

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-Ward) tion, give its NAME Is of street and stead number.)

(Day) (Year)..... I HEREBY CERTIFY, That I attended the deceased from that I last saw h ...... alive on ....., 192....., and that death occurred on the date stated above, at ...... ...(Duration) ......yrs......mos......ds. \*State the Disease Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. Hospitals, Institutions, Trans-

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PLACE OF DEATH  County Class  Village or City Class (No	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. / 00  St: Ward)  (If death occurred in a hospital or institution, give its NAME instand of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Orl Single, MARRIED, Markel OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH Dent Them	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on Massach 8, 128
7 AGE as IfLESS than I day hrs. or min.?	and that death occurred on the date stated above, at 2-300 m.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Cachal Henry E
business, or establishment in which employed or (employer)	(Duration) yis. mos ds.
9 BIRTHPLACE (State or country) Lend Kunn	Contributory College C
10 NAME OF PATHER Dent /	(Signed) M. D.  Mary 192 (Address) Bul Culture
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lend Know	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
11 16/2 1 Beauty	Former or usual residence
(Informant) Elexander 12th	19 PLACE OF BURIAL OR REMOVAL Sacred Hagri Cangelly May 12, 1932
15 Filed Mar 9 1982 MD Haydan	OW Roby Bel Colon Hed

(Approved by U. S. Census and American Public Health Association.)

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